

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/533051**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8	/		/			
9	/					
10	/					
11		1				
12		2				
13	/		/			
14	/		/			
15		2		2		
16		0		0		
17	/		/			
18	/		/			
19		2		2		
20		0		0		
21	/					
22	/					
23		2				
24		0				
25		1				
26		1				
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49						
50						
TOTAL IND.	10		6			
TOTAL DEP.	23		12			
TOTAL CLAIMS	33		18			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						